

# **OBCARE** USER GUIDE

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# REGISTERING FOR OB CARE (PART I a)

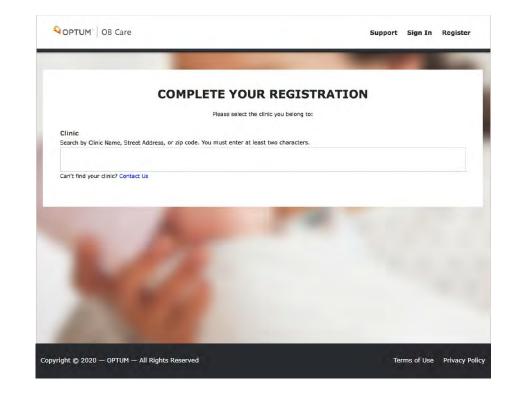
### Go to obcare.optum.com

**IF YOU ALREADY HAVE AN OPTUM ID:** Click Sign in and use your Optum ID credentials to log in to OB Care.

After logging in, you will see a page asking you to "Complete Your Registration" by signing up for a clinic. Your user account is tied to a clinic, which allows you to see the patient records for patients within your clinic (or if you are solely an admin, to manage the users for your clinic).

Use the search bar to search for your clinic. Select your clinic.

Your account will be pending until your clinic admin approves your access and assigns your access level.



# REGISTERING FOR OB CARE (PART Ib)

### Go to obcare.optum.com

**IF YOU DO NOT HAVE AN OPTUM ID:** Click Register. You will be directed to Optum ID where you will need to make an Optum ID account.

Check your inbox for the email address you used to register. You will receive an email that will ask you to activate your Optum ID. Click "Activate."

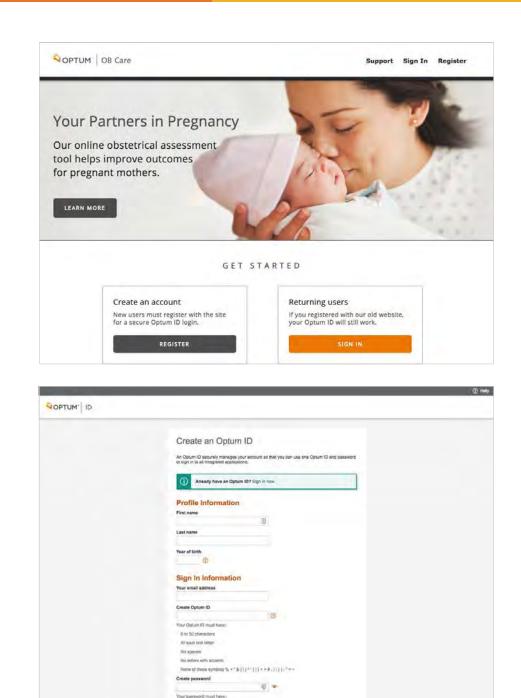
This will bring you back to Optum ID. Now click "Continue."

Click "Agree" to allow Optum ID to share your user credentials with OB Care. This allows you to use your Optum ID to sign into OB Care.

You will be signed into OB Care automatically (just this time), and you will see a page asking you to "Complete Your Registration" by signing up for a clinic. This will allow you to see the patient records for patients within your clinic.

Use the search bar to search for your clinic. Select your clinic.

Your account will be pending until your clinic admin approves your access and assigns your access level.



8 characters or many

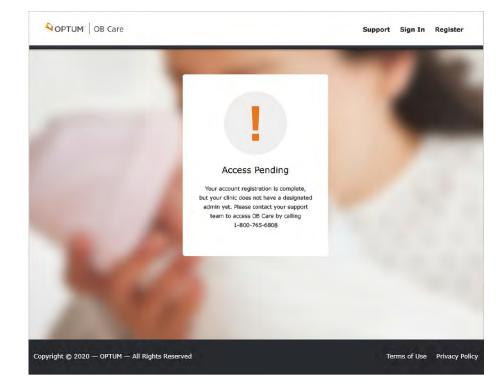
## REGISTERING FOR OB CARE (PART 2)

Even if your clinic does not have a clinic admin, follow the previous steps on pages 3 or 4 for Optum ID registration.

After using search bar to search for and select your clinic, you may see a message describing that your registration is complete but your clinic does not have a designated admin yet.

This means that you are the first person to sign up for OB Care in your clinic and we will need to verify your account.

To continue with OB Care registration, contact OB Care Support.



# SIGNING IN TO OB CARE

### Go to obcare.optum.com

Click Sign In and use your Optum ID credentials to log in to OB Care.

After signing in, you will land on My Workspace.

|  |  |                 |   |                                      | () He   |
|--|--|-----------------|---|--------------------------------------|---------|
| OPTUM ID   |  |                 |   |                                      |         |
|  | Optum ID or email add<br>Paseword            | eðu ja          | Additional optiona:<br>Onata at Octum ID<br>Monogray of Optim (D<br>What is an Optim (ID? |                                      |         |
|  |  |                 |   |                                      |         |
| e 2029 Optum, Inc. All rights reserved. Privacy Polo |  | Inbox Add Patie | nt Archive Support  | Account                              | DI (*MC |
|  | MY V   | VORK            | SPACE   |                                      |         |
| =+   |  | ÷               |   |                                      |         |
| Inbox<br>View your petients' Needs Asso              |  | Add Patier      |   | Archive<br>View archived Assessments |         |
|  | 8  |                 | -   |                                      |         |
|  | My Account<br>View and update Account Inform |                 | Help<br>Learn about ONAF application  |                                      |         |

# **MY WORKSPACE**

### 1. NAVIGATION LINKS

Select any of the navigation links on the top header to go to the respective section of the application.

### 2. TILES

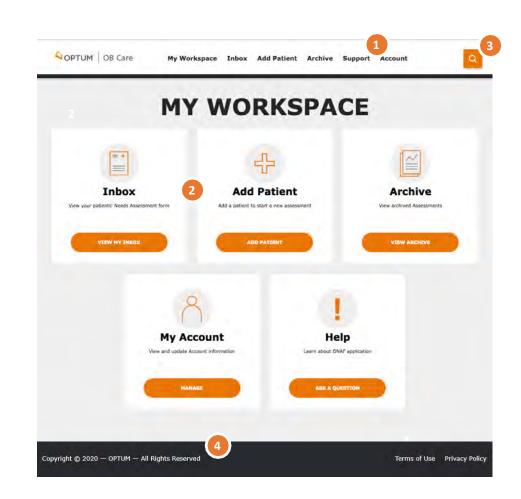
Select any of the tiles on the Workspace and you will also get to the respective section of the application.

### 3. SEARCH

Select the button for 'Search' to navigate to the Search screen where you can search for a patient record.

### 4. FOOTER

Use the footer to navigate to the Terms and Conditions and the Privacy Policy.



# SEARCH

Click the search icon in the top left corner of the workspace.

### 1. SEARCH CRITERIA

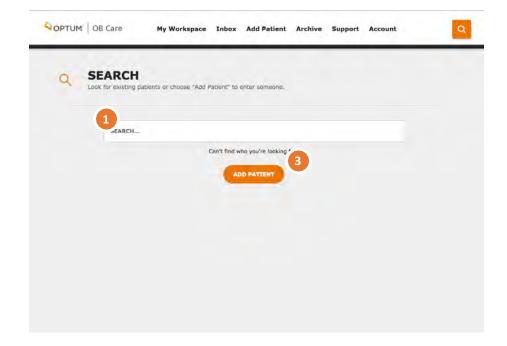
Enter a patient name in the Search box. Hit enter to return the results.

### 2. SEARCH RESULTS

Navigate through search results to find the desired patient and select to enter the patient's record.

### 3. ADD PATIENT

If the patient record you searched for does not exist, you can add the patient by clicking the Add Patientbutton.



# INBOX

Click the 'Inbox' navigation link at the top of the page, or from 'My Workspace' select the title 'Inbox'

**NOTE**: if you are new to the OB Care tool, the Inbox will look blank until you have created your first patient record.

### 1. FILTERS

Filter works separately from search. You can select a filter from the dropdown list.

### 2. PATIENT LIST

Patient List default is All Patients and shows 10 patients per page, but this can be narrowed down by a filter or search.

### 3. PATIENT LIST NAVIGATION

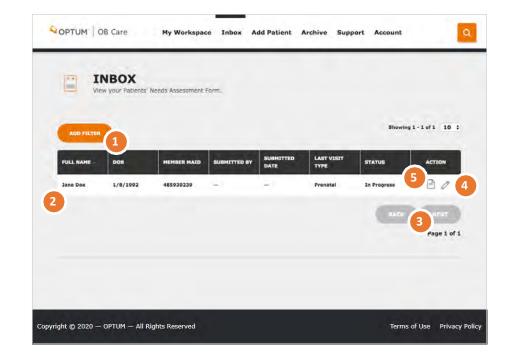
The Next and Back button allow you to navigate through the Patient List (up to 10 patients displayed per page).

### 4. EDITING A PATIENT FORM

To enter a patient form and start making changes, click the pencil icon.

### 5. VIEWING A PATIENT FORM

To simply view a patient record, click the document icon from the Inbox and you can view a preview of the form submission to the MCO.



# **ADD PATIENT**

Click the 'Add Patient' navigation link at the top of the page, or from 'My Workspace' select the tile 'Add Patient'

### 1.ADD PATIENT

Enter 'First Name,' 'Last Name,' 'MCO Member ID' and 'DOB.'

### 2.SUBMIT OR CANCEL

Click Submit to continue filling out the ONAF for a visit or click Cancel to void adding the patient.

| First Name    |    |      | Last Name |      |  |   |
|---------------|----|------|-----------|------|--|---|
| MCO Member ID |    | 77   | DOB       |      |  | _ |
|               |    |      | mm/dd/y   | YYYY |  |   |
|               | -  |      | 2         |      |  |   |
|               | CA | NCEL | su        | BMIT |  |   |

# **VISIT TYPES**

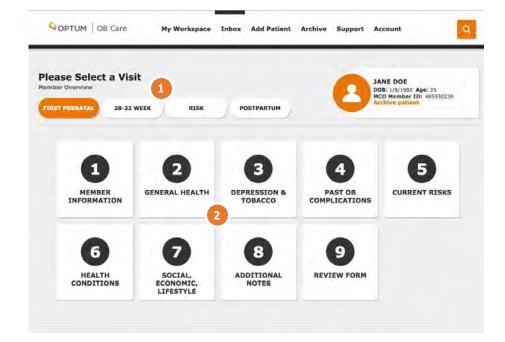
### 1. SELECT A VISIT

Select the visit (First Prenatal, 28-32 Week, Postpartum, or an additional Risk Visit) for which the ONAF is being submitted.

### 2. FILLING OUT THE FORM

You can go to the individual sections of the form by clicking the associated button. Once the required information is collected, the button will appear green, to show the completed status.

**PLEASE NOTE:** Date display on Risk Form page is the date when User started to fill out the form and not the date when patient had the risk visit.



## FILLING OUT A FORM MEMBER INFORMATION

### 1. MEMBER INFORMATION

Complete member information section.

### 2. SELECTING THE MCO

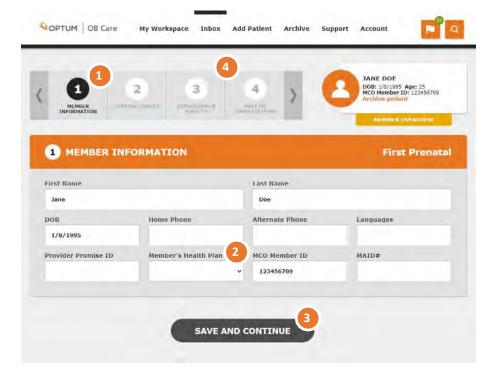
This is an important step in filling out the form. You will need to select the patient's MCO correctly, as this will determine where the ONAF will be sent when you submit it electronically though this website.

### **3. SAVE DATA**

Click 'Save and Continue' button to save the data.

### 4. SECTION STATUS

As forms are completed, you can check status by scrolling through the menu of forms at the top of the page.



## FILLING OUT A FORM GENERAL HEALTH CONDITIONS

### 1. GENERAL HEALTH

Complete all fields in this section with applicable information NOTE: Putting the cursor in some fields will display a pop up with tips on what information to enter in the field.

### 2. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

### **3. SECTION STATUS**

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page. After the section has been satisfactorily completed, the section will appear green. If it has not been completed, it will appear black or gray.

| 2 GENERAL HE           | ALTH CONDITI     | DNS            |         |                | First Prenata    |
|------------------------|------------------|----------------|---------|----------------|------------------|
| Hospital for Delivery  |                  | 1st Prenatal V | isit    | Healthy Beginr | ings Plus Member |
|                        |                  | _/_/           |         | Yes            | No               |
| Best EDC               | By LMP           | By US          | US Date |                | GA at 1st Visit  |
| _/_/                   |                  |                |         | -              |                  |
| Gravida FT             | PT SAB           | TAB LIVI       | ng      |                |                  |
| Height (minches) Wei   | ght (in (bc) BMI |                |         |                |                  |
| Influenza Vaccine Date | Influenza Vaccin |                |         |                |                  |
| 1.1                    | N/A              | Refused //     |         |                |                  |
| Yes No                 | Yes              | No             | Yes     | No             | Yes No           |
|                        |                  |                |         |                |                  |

### DEPRESSION AND TOBACCO

### 1. DEPRESSION AND TOBACCO

Check 'Yes' or 'No' to answer the three questions in this section. If you check 'Yes' to answer the question, additional information is required. See below for details.

### 2. DEPRESSION PRESENT?

Check 'Yes' if depression is present. If not, check 'No.' If you check 'Yes' additional information is required. For details, see page 15.

### 3. TOBACCO USE?

Check 'Yes' if the patient uses tobacco. If not, check 'No.' If you check 'Yes' additional information is required. For details, see page 16.

### 4. EXPOSURE TO ENVIRONMENTAL SMOKE?

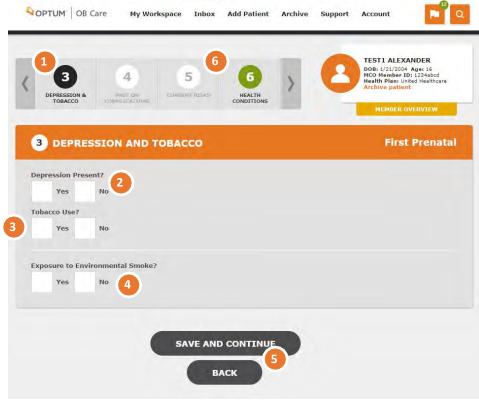
Check 'Yes' if the patient has been exposed to environmental smoke. If not, check 'No.' If you check 'Yes' additional information is required. For details, see page 17.

### 5. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

### **6. SECTION STATUS**

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page. After the section has been satisfactorily completed, the section will appear green. If it has not been completed, it will appear black or gray.



### DEPRESSION AND TOBACCO – DEPRESSION SCREEN

### 1. Depression Present?

If you checked 'Yes' for the 'Depression Present?' question, you will see this screen and must complete the following information.

### 2. Result

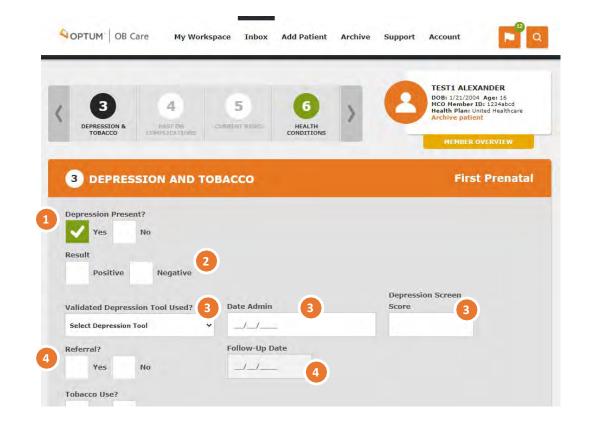
Check the 'Positive' or 'Negative' box.

### 3. Validated Depression Tool Used?

Select the depression tool used from the 'Select Depression Tool' dropdown. Enter the date the tool was administered and the Depression Screen Score.

### 4. Referral?

If a depression referral has been made, check the 'Yes' box and enter the referral Follow-Up Date. If not, check the 'No' box.



### DEPRESSION AND TOBACCO-TOBACCO USE



### 1. Tobacco Use?

If you checked 'Yes' for the 'Tobacco Use?' question, you will see this screen and must complete the following information.

### 2. Average Number of Cigarettes

Enter the number of cigarettes in Pre-Pregnancy and the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> Trimesters as appropriate. Each pack of cigarettes = 20 cigarettes.

### 3. Tob. Counseling Offered?

Check 'Yes' if Tobacco Counseling has been offered. Check 'No' if it has not been offered.

### 4. Tob. Counseling Received?

Check 'Yes' if Tobacco Counseling has been received. Check "No" if it has not been received.

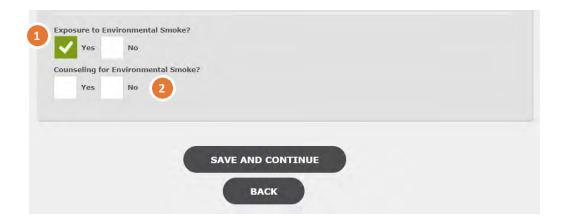
### 4. Electronic Cigarettes?

Check 'Yes' if the member uses Electronic Cigarettes. If not, check the 'No' box.

### 6. NRT offered?

Check 'Yes' if NRT has been offered. Check "No" if it has not been offered.

## FILLING OUT A FORM DEPRESSION AND TOBACCO-ENVIRONMENTAL SMOKE



### 1. Exposure to Environmental Smoke

Check 'Yes' if the patient has been exposed to environmental smoke. If not, check 'No.' If you check 'Yes' the Counseling for Environmental Smoke? question will appear.

### 2. Counseling for Environmental Smoke?

Check 'Yes' if the patient has been given counseling for environmental smoke. If not, check 'No.'

## PAST OB COMPLICATIONS

### **1. PAST OB COMPLICATIONS**

Complete all fields on the sections with applicable information

**2.** You **MUST** check 'No Past OB Complications' **OR** you must check those complications that apply to this patient.

### **3. OTHER OB COMPLICATIONS**

You may add additional information here about other OB Complications the patient has.

### 4. SAVE DATA

Select the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

### **5. SECTION STATUS**

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page.

| 4 5 6 5   | 7 ) JANE DOE<br>DOE: 1/8/1995 Age: 25<br>PCO Momber 10: 123456789<br>Archive patient<br>Meendea OVER/VIEW |
|---|---|
| 4 PAST OB COMPLICATIONS   | First Prenata   |
| Identifies members whose past complications increase their risk to<br>No Past OB Complications in section header. | or current problems; If member has had no Past OB Complications, check                                    |
| 2<br>No Past OB Complications   |   |
| Postpartum Depression   | RH Incompatibility  |
| Hx of DVT/PE  | Gestational Diabetes  |
| Cervical Insufficiency  | IUGR  |
| Pregnancy Induced Hypertension (PIH)  | Premature ROM   |
| Preterm Labor/Delivery < 32 weeks   | Preterm Labor/Delivery 32-36 weeks  |
| Fetal Demise/Hx 2nd/3rd Tri Loss  | Previous C-Section  |
| Other Past OB Complications:  |   |
|   |   |

## FILLING OUT A FORM CURRENT RISKS

### 1. CURRENT RISKS

Complete all fields in the section with applicable information.

**2.** You **MUST** check 'No Current Risks' **OR** you must check those risks that apply to this patient.

### **3. OTHER CURRENT RISKS**

You may add additional information here about other Current Risks the patient has.

### 4. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

### **5. SECTION STATUS**

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page.

| CURRENT RISKS   | 8 > > C                         | DOB         | E DOE<br>1/8/1995 Age: 25<br>Member ID: 123456789<br>ive patient |
|---|---------------------------------|-------------|--|
| 5 CURRENT RISKS   |                                 |             | First Prenatal   |
| Identifies potential risks for adverse outcomes; If member has had no ( | Current Risks, check No Current | Riskš box i | section header.  |
| 2   |                                 |             |  |
| No Current Risks  |                                 |             |  |
| Hx Leep/Cone Biopsy   |                                 |             |  |
|   | 1st Tri                         | 2nd Tri     | 3rd Tri  |
| Late and/or Inconsistent Prenatal Care                                  |                                 |             |  |
| Abnormal Ultrasound   | 1st Tri                         | 2nd Tri     | 3rd Tri  |
| Abiorniai olibasodila   |                                 |             |  |
| Abnormal Placenta   | ist Tri                         | 2nd Tri     | 3rd Tri  |
|   | 1st Tri                         | 2nd Tri     | 3rd Tri  |
| Gestational Diabetes  | List (r)                        | 210 11      | arein  |
|   |                                 | 2nd Tri     | 3rd Tri  |
| 2nd/3rd Trimester Bleeding  |                                 |             |  |
| Multiple Gestation  |                                 |             |  |
|   | 1st Tri                         | 2nd Tri     | 3rd Tri  |
| Davindontal Nicasca   | /                               | 100         | 30 11  |
|   |                                 |             |  |
| Cervical Insufficiency  |                                 |             |  |
| Other Current Risks:  |                                 |             |  |
|   |                                 |             |  |

## ACTIVE HEALTH CONDITIONS

### **1.ACTIVE HEALTH CONDITIONS**

Complete all fields on the form with applicable information.

**2.** You **MUST** check 'No Active Medical/Mental Health Conditions' **OR** you must check 'Yes' or 'No' for those risks that apply to this patient.

### 3. OTHER CONDITIONS

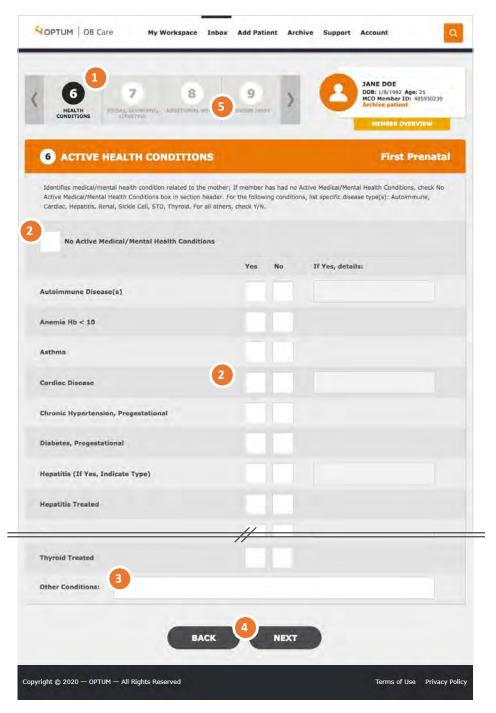
You may add freeform text here about other Conditions the patient has.

### 4. SAVE DATA

Select the 'Next' or 'Back' button to save the data and navigate to the previous form [Back] or the next form [Next].

### **5. SECTION STATUS**

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page.



## SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS

### 1. SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS

Complete all fields in the section with applicable information

**2.** You **MUST** check 'No Social, Economic, Lifestyle Conditions' **OR** you must check those risks that apply to this patient.

### **3. SUBSTANCE USE SCREEN**

For details on the Substance Use Screen section, see page 22 of this user guide.

### 4. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

#### **5. SECTION STATUS**

As sections are completed, you can check status by scrolling through the menu of forms at the top of the page.



SOCIAL, ECONOMIC, LIFESTYLE CONDITIONS – SUBSTANCE USE SCREEN

### 1. SUBSTANCE USE SCREEN

If you check 'Yes' for 'Substance Use Screen' you must complete all fields in the section with applicable information.

### 2. SUBSTANCE USE SCREEN TOOL

Identify the screening tool used, the date the screening was administered and the score.

### **3. SUBSTANCE USE SCREEN REFERRAL**

If a referral was made due to the substance use screen, check the 'Yes' box and the Follow-Up Date for the referral. If a referral was not made, check the 'No' box.

### 4. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue].

| Validated Substance Tool Used? |           | Date Admin  | Score | _ |
|--------------------------------|-----------|-------------|-------|---|
| Validated Substance Tool Used? | ~         | _/_/        |       |   |
| Referral?                      | Follow-Up | Date        |       |   |
| Yes No                         | _/_/_     | -           |       |   |
|                                |           |             |       |   |
|                                | SAVE A    | ND CONTINUE |       |   |
|                                | SAVEA     |             |       |   |
|                                |           | BACK        |       |   |

# ADDITIONAL NOTES

These sections are exclusive to OB Care and allow the physician or provider to add additional information that is not explicitly asked in the ONAF.

In the Current Risks or Active Conditions sections, or in the separate Notes section, you will find the option to add freeform notes.

### **1. ADD NOTE**

Select the button to 'Add Note' if you have more information regarding the member that is not already captured within the forms.

### 2. SUBJECT AND CONTENT

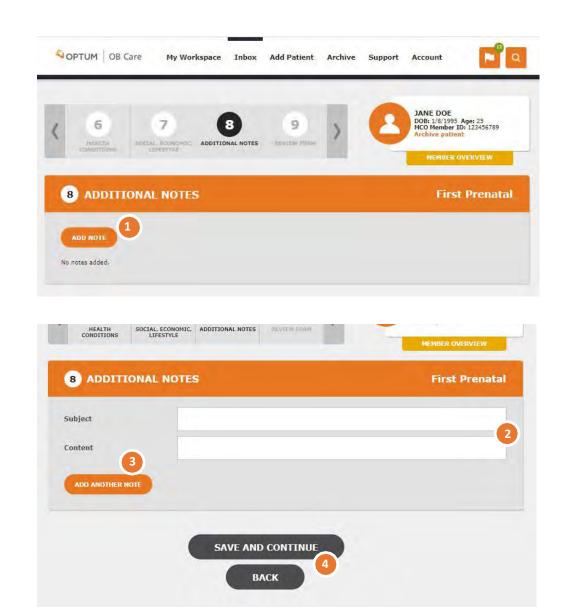
Once you click 'Add Note' enter a Subject for the note that is easily recognizable and the content of the note.

### 3. ADD ANOTHER NOTE

Add another note as applicable and follow the same steps as outlined in Step #2 above.

### 4. SAVE DATA

Click the 'Save and Continue' or 'Back' button to save the data and navigate to the previous section [Back] or the next section [Save and Continue] to review the final form.



# REVIEWING AND SUBMITTING A FORM

After completing the form, review the form before submitting.

### **1. REVIEW THE FORM FOR ACCURACY**

Review the data entered on previous screens to ensure accuracy and completeness.

### 2. EDIT FORM

After review of the completed form, if any changes are needed, these can be done by navigating back via the section status menu and selecting the appropriate section.

### **3. ATTESTATION**

Select the box to attest that the information is true and correct to the best of yourknowledge.

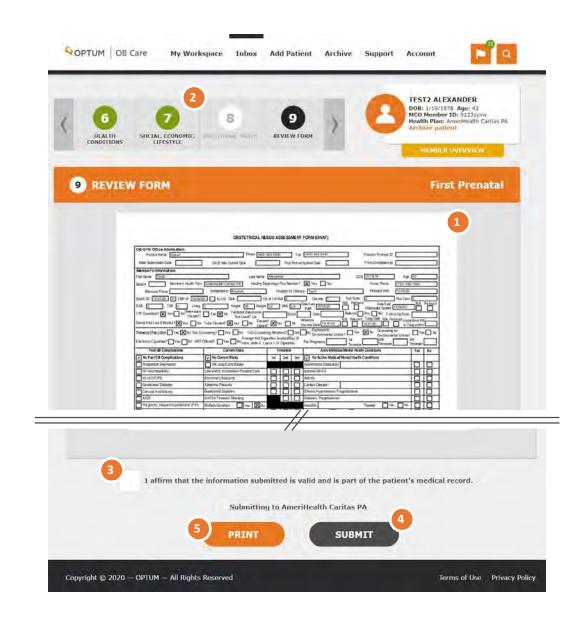
### 4. SUBMIT

Once all information is validated and attestation is checked, click the 'Submit' to send the form to the selected MCO. Textabove the submit button will remind you once more to which MCO this form will be submitted. After clicking submit, you are automatically returned to the home page and a message displays at the top indicating the form has been submitted.

### **5**. PRINTING THE FORM

If you wish to print the form, you may do so at the end, by clicking the Printbutton.

**NOTE:** Any "additional notes" added in the additional notes section will be submitted with the form. It will not appear on the form but on an additional page.



# ARCHIVING A PATIENT

If a patient record for any reason must be moved from the inbox (e.g. transferred care to another clinic, miscarriage, pregnancy terminated) you can choose to archive the patient. This will move them into the Archive section of the application.

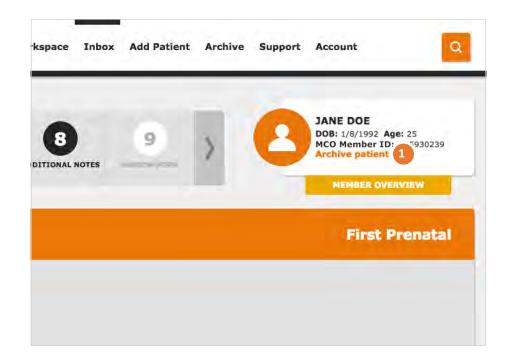
The archive section contains all patient records that have been archived, and those patient records that have been completed for the entire pregnancy (including the post-partum form).

### **1. TO ARCHIVE A PATIENT RECORD:**

Click on the patient record from the Inbox. In the mini-profile on the upper right, click "Archive patient."

You will be asked to select the reason for archiving the patient before clicking submit.

This will move the patient record to the archive.



# ARCHIVE

### OPTUM OB Care My Workspace Inbox Add Patient Archive Support Account ARCHIVE = View Reporting on active and completed Assessments Showing 1 - 1 of 1 10 ‡ ADD FILTER LAST VISIT SUBMITTED FULL NAME DOB STATUS ACTION MEMBER MAID SUBMITTED BY DATE TYPE = 1/8/1992 485930239 Canceled Jane Doe Prenatal NEXT Page 1 of 1 Copyright © 2020 - OPTUM - All Rights Reserved Terms of Use Privacy Policy

### 1. ARCHIVE

Use the 'Archive' navigation link at the top of the page, or from 'My Workspace' click the tile 'Archive.'

If a patient has discontinued their care at the clinic, had a miscarriage, completed the pregnancy, or for any other reason their record needs to be removed from the inbox, you move them to the Archive. You cannot edit a patient again after it has been archived, this is a permanent action. In the archive, you may view these archived patient records.

This feature may also be used in the event that there is an error which caused the ONAF to be returned back to the provider. The provider may archive the patient and create a patient to submit the correct visit type with the needed changes.

The filters, numbers of results and pages work in the same way as the Inbox.

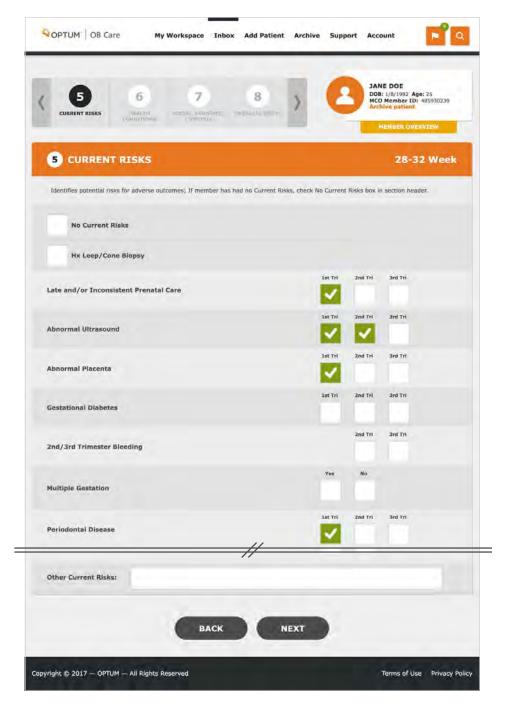
To view an archived patient record, click the document icon.

# DATA CARRYOVER BETWEEN VISITS

One benefit of submitting your ONAFs through this application is that the data carries over between visits. This eliminates the need to copy over information each time you submit a patient's ONAF.

After submitting an ONAF (e.g., the First Prenatal ONAF) the subsequent form will be pre-populated with the data entered for the previous visit. Any changes to the data can be made, but are not necessary if nothing has changed (e.g., if the patient's phone number has changed, you can correct it. Otherwise you can leave it the same but the effort is spared to re-type it.)

This is the case on all sections of the form, including those that have information for all 3 trimesters (e.g., Current Risks has a check box for each trimester).



# FOR THOSE USERS DESIGNATED AS THE CLINIC ADMIN:

From 'My Workspace' click the tile 'Admin.'

The Admin screen allows admins to manage the users within their clinic that will have access to patient data. Only admins will see the "Admin" tile on their workspace. Admins are responsible for approving other users to their clinic.

### **1. LIST OF USERS IN THE CLINIC**

You will see a list of all users, active and inactive in your clinic. This list is colorcoded for convenience. To edit a user's permissions, click the pencil icon.

### 2.ACTIVE/INACTIVE STATUS

To approve a user to work with patient data, change the status from 'Pending' to 'Active.' If a user no longer should be able to log into the tool and be able to access patient data (e.g., left the position), you can change their status to 'Inactive.'

**NOTE:** Users who have not logged in to their account in 90 days will be set to inactive and must be reactivated by their clinic admin.

### **3** . CHANGING USER ROLES

To change a user's permissions, select one or more user roles.

PROVIDER – can access and edit patient data.
STAFF – can also access and edit patient data.
AD M IN – can approve users to the clinic.

OPTUM OB Care Q My Workspace Inbox Add Patient Archive Support Account ADMIN Manage Users Showing 1 - 10 of 80 10 : USERNAME ROLES EMAIL CLINIC STATUS NAME CENTRAL SuperAdn debra.gordon376 OUTREACH Active 0 Debra Gor 1 Staff example.com WELLNESS CENTER sheila.jimenez33@ 0 Sheila Jimene damier Provide ABC Medic example.com SuperAdr erik.coleman620 0 Erik Colema gratit Clin Active example.com clinton.hernandezi Pending No 0 Climbon Menningdon example.com OPTUM OB Care My Workspace Inbox Add Patient Archive Support Account EDIT USER UserName Name Debra Gorilar anton Email Status 2 Active debra.gordon27/texample.com Roles Super Admin Admin Provide Staff Clinic CENTRAL OUTREACH WELLNESS CENTER CANCEL SUBMIT Copyright © 2020 - OPTUM - All Rights Reserved Terms of Use Privacy Policy

# **CONTACT US**

From 'My Workspace' hover over 'Support' in the header and click 'Contact Us.'

For issues, problems, or questions relating to the OB Care application:

1-800-765-6808 IRD\_client\_support@optum.com

For questions regarding the form, you may contact DHS.

For any questions specific to an MCO (e.g., reimbursement, maternity programs), please contact the MCOs.

The contact information is provided on this page.

### CONTACT US

For issues, problems, or questions relating to the OB Care application:

· 1-800-765-6808

IRD\_crient\_support@optum.com

#### For questions regarding the form:

Department of Human Services Bureau of Fee for Service Programs Attn: Intense Medical Case Management Unit 1006 Nemiock Drive Willow Dak Building - DGS Annex Complex Harrsburg: PA 17110-3955 Phone: I-Boo'537-8862 or 717-772-6777 Fax: 717-265-8030

#### MCO Contact Information

For questions regarding the form contact:

Department Of Human Services Burasu Of Ree For Service Programs Attr:Intense Medical Case Management Unit Commonwealth Towers 303 Walkut Street, 9th Floor Harroburg, PA, 17103 Phone: 1-800-537-8862 Fax: 717-705-8391

**Baby Partners Program** 

Philadelphia, PA 19107

Phone: 215-967-4690

Fax: 215-967-4492

Gateway HealthSM

Four Gateway Center

MOM Matters Program®

Phone: 1-800-392-1147

Fax: 1-888-225-2360

444 Liberty Avenue, Suite 2100

Pittsburch, PA 15222-1222

Right From the Start Program

AmeriHealth Caritas Pennsylvania -

Lehigh/Capital and New West Zone

100 North Academy Avenue

Danville, PA 17822-3220

Phone: 570-271-5108

Bright Start Program

Harrisburg, PA 17112

Fax: 1-866-755-9935

8040 Carlson Drive, Suite 500

Phone: 1-877-364-6797

Fax: 570-214-1583

901 Market Street, Suite 500

Phone: 1-800-537-8862 Fax: 717-705-8391 Health Partners Of Philadelphia Actna Bette

Actna Better Health Special Needs Case Management 2008 Market Street, Suite 850 Philadelphis, PA 19103 Phone: 215-282-3521 Fax: 877-683-7354

AmeriHealth Caritas Northeast -New East Zone Bright Start Program

8040 Carlson Road, Suite 500

Harrisburg, PA 17112

Fax: 1-855-809-9205

Phone: 1-888-208-9528

Keystone First Health Plan Bright Start Program 200 Stevens Drive Philadelphia, PA 19113 Phone: 1-800-521-6867 Fax: 1-877-353-6913

United Healthcare for Families Healthy First Steps 2 Allopheny Center, Suite 600 Pittsburgh, PA 15221 Phone: 1-800-598-5985 Fax: 1-877-353-6913

UPMC Health Plan Maternity Program U.S. Steel Tower 41st Floor 600 Grant Street Pittsburgh, PA 15219 Phone: 1-866-778-6073 Fax: 412-454-8558

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